

FEB 28 2006

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 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)

Approved for use through 07/31/2006. OMB 0651-0032
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 950.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 13-0017

Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) Indicated below

☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims 24 -22 or HP 2 x 50 = Fee Paid (\$) 100

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 7 -5 or HP 2 x 200 = Fee Paid (\$) 400

HP = highest number of independent claims paid for, if greater than 3

Small Entity	
Fee(\$)	Fee(\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee	Fee Paid (\$)
	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

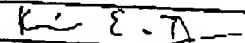
Total Sheets 100 Extra Sheets /50 Number of each additional 50 or fraction thereof Fee(\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two-month extension of time

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	\$1,486	Telephone	(312) 775-8000
Name (print/type)	Kevin E. Borg	Date	February 28, 2006		



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TO: **Examiner P. Kumar**
Group Art Unit 2631

FAX NO.: 571 273 8300

FROM: **Kevin E. Borg**

USER ID: 8078

DATE: **February 28, 2006**

CLIENT: **1772**

MATTER: 13199US02

Number of Pages This Transmission (Including Cover Page): **16**

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 Approved for use through 7/31/2006

TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		10/000,415	
Total Number of Pages in This Submission		Filing Date	November 2, 2001
15		First Named Inventor	Kolze
		Art Unit	2631
		Examiner Name	P. Kumar
		Attorney Docket Number	13199US02

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Kevin E. Borg</i> reg. #51,486
Printed Name	Kevin E. Borg
Date	February 28, 2006

CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner P. Kumar at the United States Patent and Trademark Office, fax No. 571 273 8300, on February 28, 2006.			
Name (Print/type)	Kevin E. Borg	Registration No. (Attorney/Agent)	51,486
Signature	<i>Kevin E. Borg</i>	Date	February 28, 2006